PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

K35A1449

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS					(Coldini 2)]			OR 7	SMALL ENTITY		
FOR .			10					RATE	FEE	4.	RATE	FEE	
			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			10 minus 20=		* 0			X\$ 9=		OR	X\$18=	0	
INDEPENDENT CLAIMS			<u> </u>	inus 3 =	0			X43=		OR	X86=	0	
		NDENT CLAIM P						+145=		OR	+290=	O	
* 11	the difference	e in column 1 is	less than zero, enter "0"			column 2	•	TOTAL		OR	TOTAL	770	
	C	LAIMS AS A	MENDED - PART II				OTHER THAN						
_	· · · · · · · · · · · · · · · · · · ·	(Column 1)	7	(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus			=		X43=		OR	X86=		
L	FIRST PRESE	ENTATION OF M	JLTIPLE DEI	PENDENT	CLAIM		\	+145=	-	1	+290=		
							L	TOTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)							A	DDIT. FEE		OR ,	ADDIT. FEE		
_		CLAIMS		HIGHE	ST	(Column 3)	lг		ADDI-		1	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**	. •	= .		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1.5					
							L	+145=	· .	OR	+290=	•	
								TOTAL DDIT. FEE	<u> </u>	OR ,	TOTAL DDIT. FEE		
- 1		(Column 1) CLAIMS		(Colum		(Column 3)				_	•		
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	·	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	\vdash	X43=			X86=		
9	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash	743-		OR	∧60=		
* 14	* If the entry in column 1 is loca than the column 2									OR	+290=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT, FEE		
T	he "Highest Num	nber Previously Paid ber Previously Paid	io For IN THIS I For (Total or	SPACE is I Independen	ess than t) is the i	i 3, enter "3." highest number		DIT. FEE L	opriate box				